



In-Force Authorization Request

33278 Rhine Ave
Temecula, CA 92592

P: 602.722.5021 | F: 602.926.2277

Requested Financial Professional Name

Full Carrier Name

RE: Insured: _____

Policy Number: _____

Insured/Policyowner Address: _____

Product Type: _____

Please Note That:

I authorize _____ (*full carrier name*) to release any information on the above policy to Authorized Individuals of Financial Independence Group, LLC. or B.C. Consulting & Insurance Services.

This includes policy statements, policy values as well as in-force illustrations. A copy of the authorization shall be deemed as valid as the original. Thank you for your attention to the request.

Sincerely,

Owner's Signature _____ Date Signed _____

Owner's Name (*print*) _____ Owner's SSN/TaxID _____

Insured's Name (*print*) _____ Insureds DOB _____

Please be sure to note the product type of each policy that is to be reviewed or provide a copy of the most recent policy statement along with this signed authorization.

Please fax or email all information back to B.C. Consulting & Insurance Services, (602) 926-2277 or B.C.Insuranceservices@gmail.com

Attn: Chris Kite / Comprehensive Analysis & Policy Review